



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08264

CERTIFICATE OF DEATH

46 e
Reg. Dist. No. 265

1. PLACE OF DEATH:

County SomersetCity or town Laurel (If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 daysHospital, Institution, or street address where death occurred: St. George's Memorial HospHow long in hospital or institution? 2 days

3. (a) FULL NAME

Janice M. Boyd4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Mary A.7. Birth date of deceased (mo., day, yr.) January 29, 1869 6. (c) If alive, give age 68 years8. AGE: 78 Years 9 Months 25 Days If less than one day hrs. min.9. Birthplace Laurel, Md. (Town, county, and state)10. Usual occupation Waterman11. Industry or business Sea12. Name Walter S. Boyd13. Birthplace Wd.14. Maiden name Mary A. Sterling15. Birthplace Wd.16. Informant Mary A. BoydAddress Cresfield, Md.17. Burial Date thereof Sept 25/47 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory CemeteryLocation Cresfield18. Funeral director W. H. & SonAddress 906 Main St. Cresfield19. Sept 26 1947 (Date rec'd by registrar)

Janice E. Hayes (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Ridge (If outside city or town limits, write RURAL and give nearest town)Street No. 101 (If rural, give LOCATION)2.(a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23, 1947 at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 19 1947 to Sept 23 1947and that I last saw him alive on Sept 22 1947Immediate cause of death Carcinoma of intestines DURATION ?

Due to.

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

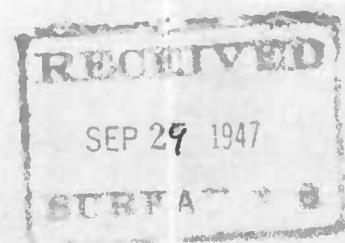
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE S. M. Peyton M.D. M. D. or otherAddress Cresfield, Md. Date signed Sept 25



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08265

265

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County. Somerset

Crisfield

City or town. (If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address, where death occurred: Died at home

How long in hospital or institution: //

3. (a) FULL NAME

Robert Lewis Daugherty

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Louise Bradford

7. Birth date of deceased (mo., day, yr.)

March 17, 1888

6. (c) If alive, give age 47 years

8. AGE:

Years 59

Months 6

Days 0

If less than one day hrs. min.

9. Birthplace

Crisfield-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Government Service

11. Industry or business

Railroad

MOTHER FATHER

12. Name

Thomas I. Daugherty

13. Birthplace

Crisfield, Md.

14. Maiden name

Mary Dize

15. Birthplace

Crisfield, Md.

16. Informant

Mrs. Louise Daugherty

Address

Crisfield, Md.

17. Burial

Date thereof Sept 21, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Crisfield Cemetery

Location

American Legion Lot

18. Funeral director

Gordon Lawson

Address

Crisfield, Md.

19. (Date rec'd by registrar)

19. 47

(Date rec'd by registrar)

Janice E. Spies

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County

Somerset

City or town...

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

319 Chesapeake Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.

World War I

3. (b) Social Security Number

217-10-3537

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Sept 17 1947 at 11 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Coronary Occlusion

Due to

Myocarditis

Due to

Dropped Dead

William H. Coulbourn, M.D.

Major findings of operations

DEPUTY MEDICAL EXAMINER

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Janice E. Spies

M.D. or other

Address: Crisfield, Md. Date signed: 9/18/47

RECEIVED

OCT 2 1947

BUREAU F. B. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

08266

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset County
City or town Cresfield, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yearsHospital, institution, or street address where death occurred: HomeHow long in hospital or institution? 1 year

3. (a) FULL NAME

Sarah Jane Dennis4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John Schofield7. Birth date of deceased (mo., day, yr.) not known 18758. AGE: Years 72 Months Days If less than one day hrs. min. 9. Birthplace Somerset County
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Sarah Dennis13. Birthplace Somerset County14. Maiden name Sarah Jane Dennis15. Birthplace Somerset County

16. Informant

Address Maryland Station17. Burial Date thereof Sept 21 1947
(Burial, cremation, or removal. Which?) Burial (month) (day) (year)Cemetery or crematory BuriedLocation Maryland, Md.18. Funeral director George W. DuganAddress Maryland Sta. Md.19. Date rec'd by registrar Sept 21 1947(Date rec'd by registrar) Sarah J. Miller

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County SomersetCity or town Maryland Station, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1947 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 1, 1947 to Sept. 19, 1947
and that I last saw her alive on Sept. 19, 1947

Immediate cause of death

Acute cardiac failure
with dilatation of heart.DURATION 1 hr.Due to Metastatic MalignancyDue to Malignancy of right breast, type unknown 1 1/2 yrs.

Other conditions

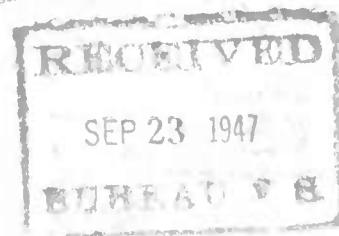
(Include pregnancy within 3 months of death)

Major findings of operations No operationDate of op. Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE C. J. Rawley M.D.M.D. or other Date signed 9-19-47Address Cresfield, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct ink. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

08267

266

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Somerset

City or town..... Ewell

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred: Home, Ewell

How long in hospital or institution? Died at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Rural Ewell

(If outside city or town limits, write RURAL and give nearest town)

Street No..... None

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Willis J. Evans

3.(b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Myrtle Evans

7. Birth date of deceased (mo., day, yr.)

May 27, 1892

6.(c) If alive, give age..... years

50

8. AGE:

Years

Months

Days

If less than one day

55

3

6

hrs.

min.

9. Birthplace.....

Smith Island-Somerset-Md

(Town, county, and state)

10. Usual occupation.....

Waterman

11. Industry or business.....

Seafood

12. Name.....

James Evans

13. Birthplace.....

Smith Island, Md.

14. Maiden name.....

Emily Ann Bradshaw

15. Birthplace.....

Smith Island, Md.

16. Informant.....

Mrs. Myrtle Evans

Address.....

Ewell, Md.

17. Burial.....

Date thereof Sept. 7, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Ewell Cemetery

Cemetery or crematory.....

Ewell, Md.

Location.....

H. Harvey Bradshaw

18. Funeral director.....

Crisfield, Md.

Address.....

Sept. 7, 1947
(Date rec'd by registrar)

Registrar

23. SIGNATURE.....

M. G. Chambers M.D.

M. D. or other

Address..... Ewell, Md. Date signed 9/5/47

m. G. Chambers M.D.

Ewell, Md.

M. D. or other

Address..... Ewell, Md. Date signed 9/5/47

m. G. Chambers M.D.

Ewell, Md.

M. D. or other

Address..... Ewell, Md. Date signed 9/5/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The longer age is especially important. Physicians: please write the causes of death clearly and legibly. *M.V.*

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08268

170C

Reg. Dist. No. 265

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

9 hours

How long in above place of death?

Hospital, institution, or street address where death occurred:

McCready Memorial Hospital

9 hours

How long in hospital or institution?

3. (a) FULL NAME

Janet Laura Green

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Single

6.(b) Name of husband or wife

/ / / / / / / / / / / /

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 7, 1937

8. AGE:

Years 10

Months 3

Days 25

If less than one day

hrs. min.

9. Birthplace

Kingston-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

/ / / / /

MOTHER FATHER

12. Name

Shadreck Green

13. Birthplace

North Carolina

14. Maiden name

Nora Foster

15. Birthplace

North Carolina

16. Informant

Mrs. Nora Green

Address

Marion, Md.

17. Burial

Date thereof Oct 3, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Rehobeth Cemetery

Cemetery or crematory

RFD, Marion, Md.

Location

H. Harvey Bradshaw

18. Funeral director

Crisfield, Md.

Address

19. Oct 2 1947

(Date rec'd by registrar)

Janice E. Spire
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Rural

Marion

(If outside city or town limits, write RURAL and give nearest town)

Street No. / / / /

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

/ / / / /

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 30 - 1947

I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Hit by automobile

Fractured

Skull & fractured

Superior maxilla -

Seniorous contusions

Due to

Other conditions

S shock

William H. Coulbourn, M.D.

DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY, MD.

Date of 9/30/47

Autopsy results

No

PHYSICIAN: Please underline the cause to which death should be attributed statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident Date of 9/30/47

Where did injury occur? Marion, Sta. Som. Md.

(City or town) (County) (State) 10/29/47

Injured at home, farm, industry, public place (where?) Public

Means of injury Hit by auto. Injured at work?

23. SIGNATURE

W. H. Coulbourn

Crisfield, Md. 10/2/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

18269

CERTIFICATE OF DEATH

261

Reg. Dist. No.

1. PLACE OF DEATH:

County SomersetCity or town Marietta Sta. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

57

How long in hospital or institution?

~~57~~

3. (a) FULL NAME

Denward Johnson

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Col

widower

6. (b) Name of husband or wife

Julia Johnson

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Mar 15. 1890

8. AGE:

Years 57Months 6Days 12

If less than one day

hrs.

min.

9. Birthplace

Marietta Somerset Co Md

(Town, county, and state)

10. Usual occupation

Farmers

11. Industry or business

George D Johnson

FATHER

12. Name

George D Johnson

13. Birthplace

Marietta Somerset Co Md

14. Maiden name

Elizabeth Potter

15. Birthplace

Marietta Somerset Co Md

16. Informant

Kath Johnson RFD 2 Rd 62

Address

Marietta Somerset Co Md

17. Burial

Burial Date thereof OCT 1 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

18. Cemetery or crematory

Wesley

Location

Marietta Sta Md

19. Funeral director

Charles H Ward

Address

Marietta Sta Md

20. Date rec'd by registrar

10/1 1947 R.H. Johnson M.D.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

MD County Somerset

City or town

Marietta (If outside city or town limits, write RURAL and give nearest town)

Street No.

RFD 2 Rd 62 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

217-03-1058

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 27 1947 a.m.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

He was found deadand that he died - died duringImmediate cause of death night 15thdead several hourswhen I saw himDue toof coronary heartcoronary sclerosisOther conditionsWilliam H. Courbourn, M.D.

(Include pregnancy within 6 months of death)

Major findings of operations

FOR SOMERSET, Date ofMD

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

MyselfWilliam H. Courbourn, M.D.Bresfield Md Sept 29/47Date signM.D. or otherDr. sign

RECEIVED

OCT 3 1947

BURPA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08270

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: *Somerset*
 County: *Prince George, Md.*
 City or town: *Prince George, Md. P.S. 1*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *81 years*
 Hospital, Institution, or street address where death occurred: *✓*
 How long in hospital or institution? *✓*

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: *Md.* County: *Somerset*
 City or town: *Prince George, Md. P.S. 1*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No: *✓*
 (If rural, give LOCATION) *✓*

2.(a) If veteran, name war: *✓*

3. (a) FULL NAME

Lee Parker

4. Sex: *Male* 5. Color or race: *White* 6. (a) Single, married, widowed, or divorced: *Married*

6. (b) Name of husband or wife: *Ella Hulbert Parker*

7. Birth date of deceased (mo., day, yr.): *Sept 5, 1866*

6. (c) If alive, give age: *✓* years

8. AGE: *81* Years *0* Months *24* Days If less than one day: *hrs. 0 min.*

9. Birthplace: *Somerset Co. Md.*
 (Town, county, and state)

10. Usual occupation: *Gardener*

11. Industry or business

12. Name: *Legi C. Parker*
 MOTHER FATHER

13. Birthplace: *Somerset Co. Md.*

14. Maiden name: *Letitia Hulbert*

15. Birthplace: *Somerset Co. Md.*

16. Informant: *Nelen C. Parker*

Address: *Prince George, Md. P.S. 1*

17. Burial: Date thereof: *11/14/47*
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: *Alex. C. Park*

Location: *Alex. C. Park*

18. Funeral director: *The Hill & Johnson, Co.*

Address: *Salisbury, Md.*

19. *10/2 47* R. S. Johnson, M.D. *5047 Division St.*
 (Date rec'd by registrar) *9.30.47*

3. (b) Social Security Number: *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: *Sept. 19, 1947* at *6:30 P.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *2 Sept 1947* to *9.26 1947* and that I last saw her alive on *9.26 1947*

Immediate cause of death: *Carcinoma of thyroid*

DURATION: *6-12 mon*

Due to: *—*

Due to: *—*

Other conditions: *Generalized arteriosclerosis*

(Include pregnancy within 3 months of death)

Major findings of operation: *Biopsy carotid of thyroid*

Date of op.: *—*

Autopsy results: *—*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *—* Date of: *—*

Where did injury occur? *—* (City or town) *—* (County) *—* (State) *—*

Injured at home, farm, industry, public place (where?) *—*

Means of injury: *Injured at work?*

23. SIGNATURE: *J. A. Brule*

M. D. or other

Date signed: *9.30.47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08271

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Somerset
Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

6

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Isaac Purnell

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. Col. Widowed

6. (b) Name of husband or wife

Hester Purnell

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

deceased (mo., day, yr.)

July 28, 1884

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Berlin, Worcester, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Wesley Purnell

13. Birthplace

Berlin, Md.

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Lydia Henries

Address

Princess Anne, Md.

17. Burial

Date thereof

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Branch

Location

Marion Sta., Md.

18. Funeral director

Charles F. Ward

Address

Marion Sta., Md.

19. 10/24/47

47

19

R. S. Johnson, M.D.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Sept 29th 1947 at 6:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 10, 1942, to Sept 29th 1947.and that I last saw him/her alive on Sept 27th 1947.

Immediate cause of death

Chronic bronchitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

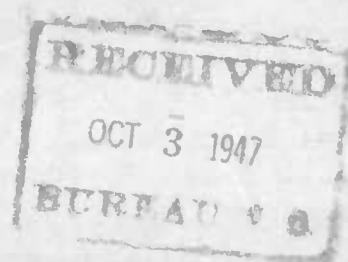
Injured at work

23. SIGNATURE

Eloise G. Mayman M. D. or other

Address

Princess Anne, Md. Date signed 10-7-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

08272

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County

Damer Harbor

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Archie Shore

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Separated

6. (b) Name of husband or wife

Minnie Shore

7. Birth date of deceased (mo., day, yr.)

May 2-1887

6. (c) If alive, give age 51 years

8. AGE:

60 Years 4 Months 16 Days

If less than one day

hrs. min.

9. Birthplace

Damer Harbor Md.

(Town, county, and state)

10. Usual occupation

Farmer & Waterman

11. Industry or business

William Shore

12. Name

Damer Harbor Md.

13. Birthplace

Margaret Carey

14. Maiden name

Damer Harbor Md.

15. Birthplace

Mrs. Ethelma Roncily

16. Informant

205 E. Nine St. Saliby Md.

Address

Burial

Date thereof Sept. 21-47

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Chancery Cem.

Location

Tollmoy & Co. Walter P. Toll

18. Funeral director

Saliby Maynard

Address

9/20 6/47 L. J. Johnson, M.D.

19. (Date rec'd by registrar)

9/20 6/47 L. J. Johnson, M.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State

Md.

County

Damer Harbor

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18-47 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw h. alive on 19.

Immediate cause of death Arthritis DURATION

my records

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Autopsy results Date of op.

HYSICIAN: Please underline the cause to which death should be charged statistically.

22. *VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

08273

265

Reg. Dist. No.

1. PLACE OF DEATH: **Somerset**

County.....

Crisfield Q.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **life**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John A. Sterling

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6. (b) Name of husband or wife **Melisia C.**7. Birth date of deceased (mo. day, yr.) **Mar. 10, 1869**

8. AGE: Years	Months	Days	If less than one day
78	5	24	hrs. min.

9. Birthplace **Crisfield, Md.**
(Town, county, and state)10. Usual occupation **Waterman**11. Industry or business **self**12. Name **Elijah J. Sterling**

Crisfield, Md.

13. Birthplace **Mary McDaniel**

Crisfield, Md.

16. Informant **Herman Sterling**

Crisfield, Md.

17. Burial Date thereof **Sept. 7/47**

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Asbury**Location **Crisfield, Md.**

Hubbard & Covington

18. Funeral director **306 Main St., Crisfield, Md.**

Address

19. Date rec'd by registrar **Sept. 13 1947**

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County **Somerset**

City or town.....

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

RFD

(If rural, give LOCATION)

2.(a) If veteran, name war **none**

3. (b) Social Security Number

214-18-4540

MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept. 3,**

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Worried when I wasand that I last saw him **dead.**

Immediate cause of death

Bronary Thrombosis

Due to

Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results **no**PHYSICIAN: Please underline the cause to which death should be charged **Arterio Sclerosis**

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide

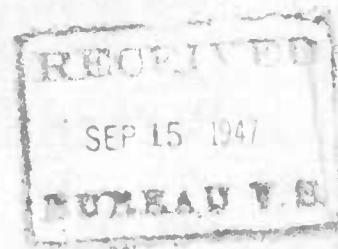
Where did injury occur? **William H. Coulbourn, Md.**(City) **DEPUTY MEDICAL EXAMINER** (County) **COUNTY, MD.** (State)Injured at home, farm, industry, public place (where?) **FOR SOMERSET COUNTY, MD.**

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other **Janie E. Spies**Address **Crisfield Md Sept 4/47**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08274

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County..... Somerset

City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death..... Lifetime

Hospital, Institution, or street address where death occurred:

Upper Main St.

How long in hospital or institution..... Died on street

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Somerset

City or town..... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No..... Paper Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

John Henry Tull

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Colored

Widowed

6.(b) Name of husband or wife.....

Rosie Robinson

7. Birth date of

deceased (mo. day, yr.)

July 4, 1871

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

76

2

13

hrs. min.

9. Birthplace.....

Crisfield-Somerset-Md.

(Town, county, and state)

10. Usual occupation.....

Seafood Laborer

11. Industry or business.....

Seafood

MOTHER FATHER

12. Name.....

John Tull

13. Birthplace.....

Crisfield, Md.

14. Maiden name.....

Unknown

15. Birthplace.....

Unknown

16. Informant.....

Sophronia Collins

Address

Crisfield, Md.

17. Burial

Date thereof..... Sept 19, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Lawsonia Cemetery

Location.....

Crisfield, Md.

18. Funeral director.....

H. Harvey Bradshaw

Address

Crisfield, Md.

19. 9/30

19. 47

(Date rec'd by registrar)

Janice E. Spies
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Sept 17 1947 at 9 A.M.

I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive

Collected.

Immediate cause of death.....

Myocarditis

Due to..... Coronary Thrombosis

Due to..... Died Suddenly

William H. Coulbourn, M. D.

Other conditions.....

DEPUTY MEDICAL EXAMINER

(Include present address)

FOR SOMERSET COUNTY, MD.

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

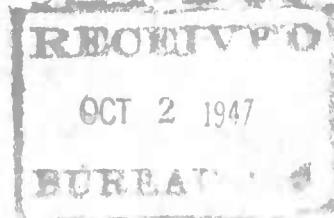
Injured at home, farm, industry, public place (where?).....

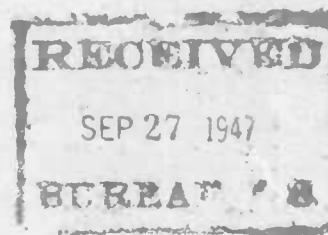
Mean of injury.....

Injured at work?

23. SIGNATURE.....

H. Harvey Bradshaw, M. D.
Crisfield, Md. Date 9/18/47





PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08276

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Grisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 73 years

Hospital, Institution, or street address where death occurred:

203 N Fourth St

How long in hospital or institution? _____

3. (a) FULL NAME

Charles P. Wiens

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

Colored

Widowed

6.(b) Name of husband or wife

Maggie Collins

Second

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Sept 18, 1862

8. AGE:

Years
85Months
0Days
0If less than one day
.....hrs. min.

9. Birthplace.....

Pocomoke - Worcester - Md

(Town, county, and state)

10. Usual occupation.....

Barber

11. Industry or business.....

MOTHER FATHER

12. Name.....

John Wiens

13. Birthplace.....

Browne Hill, Md

14. Maiden name.....

Sarah Anderson

15. Birthplace.....

Fruitland, Md

16. Informant.....

Wethers Wiens

Address.....

Grisfield, Md

17. Burial

Date thereof

Sept. 23-1947
(month) (day) (year)

Cemetery or crematory.....

Lawsonia Cemetery

Location.....

Lawsonia, Grisfield, Md

18. Funeral director.....

H. Harvey Bradshaw

Address.....

Grisfield, Md

19. Sept 25 1947

Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Somerset

City or town.....

Grisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 203

N. Fourth St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Sept 18.

19.

1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 18.

1947

to Sept 18. 1947

and that I last saw him alive on Sept 17. 1947

Immediate cause of death

Acid Del 2 Heart

DURATION

48 hrs

Due to

Cirr. of Liver.

Due to

General Cirr. of Liver

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Serge O'Neil, M.D.

M.D. or other

Address.....

Date signed

